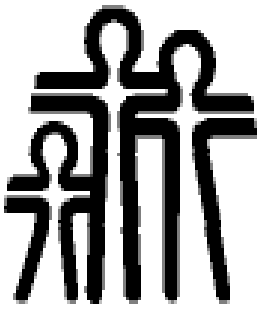

Washington State
Department of Social
& Health Services

**Report to the Legislature**

# Developing the Assessment Process for the Division of Developmental Disabilities

Prepared in Response to Recommendation #1 in "Performance Audit of the Division of Developmental Disabilities, Preliminary Report" by the Joint Legislative Audit and Review Committee (JLARC), issued June 19, 2003

October 31, 2003

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# Abstract

This report represents the Aging and Disability Services Administration (ADSA) response to the June 2003 Joint Legislative Audit and Review Committee (JLARC) "Performance Audit of the Division of Developmental Disabilities (DDD)." The Performance Audit found that caseloads are growing; policies and procedures are poorly defined, consistent assessments are lacking, and an effective automated case management system is missing.

The Audit made two recommendations. The first recommendation addressed assessments and directed the Department of Social and Health Services (DSHS) to develop an assessment system that is consistently applied prior to decision-making about service needs. Computer based applications that exist or are under development must be used. The report should contain a schedule with costs for implementation and be submitted by September 2003.

The second recommendation directed DSHS to submit a plan for implementing a case management information system in DDD. DSHS was directed to explicitly address the case management functions identified in the audit and describe tasks, timeline and costs for implementing the system. JLARC further directed that outside technical assistance be used.

While the focus of this report is on Assessment—Recommendation 1, it appropriately recognizes assessment as one of the major elements of a comprehensive case management information system. It recognizes that the business requirements of Recommendations 1 and 2 cannot be developed in isolation from each other. In addition, this response addresses issues that were raised by JLARC in this and other audits and concerns expressed in the Sterling Report commissioned by DSHS to review DDD practices and in the Centers for Medicaid and Medicare Services Review of July 2002.

In line with the JLARC recommendation that computer-based applications that exist or are under development should be used, ADSA proposes to build DDD assessments by adding on to the successful Comprehensive Assessment Reporting Evaluation (CARE) tool developed by the Home and Community Services and Management Services Divisions over the last three years.

Three assessment products will be produced under this proposed plan including:

- Screening/Mini Assessment for Adults and Children with developmental disabilities
- Comprehensive Assessment for Adults with Developmental Disabilities
- Comprehensive Assessment for Children with Developmental Disabilities

Design and implementation of these products will require extensive definition, development and/or modification of DDD business processes, including policy and WAC. To facilitate this complex work the products will be developed and implemented in three distinct phases:

Phase I is an interim step to immediately establish a semi-automated Medicaid Personal Care (MPC) Assessment for children and bring DSHS into compliance with the new Washington Administrative Code (WAC) for State Plan MPC services.

Phase II has 5 components. Completion of these components will deliver products including a Screening/Mini Assessment that will establish the rules and categories for needs prioritization; a fully automated Children's MPC assessment; an intake module for developmental disability determination; and an automated link from CARE to the DDD Common Client Data Base (CCDB). Finally Phase II will supply the information needed to complete the modifications required for CARE to assess the needs of DDD adult clients beyond Medicaid Personal Care. The Phase II products will enable DDD to respond more effectively to crises; build a fully automated Children's MPC assessment; record the determination of developmental disability for individual applicants; limit caseload size and provide a solid foundation for Phase III work.

Phase III will complete the assessment suite with completed Adult and Children's assessments that will evaluate client need in all DDD programs and services.

With these products ADSA will implement an assessment process for people with developmental disabilities that is consistently applied to all clients in all parts of Washington State. The assessment process will be the foundation for the Case Management Information System. Successful development of the three products described above will enable ADSA DDD to build a suitable user-friendly foundation for the Case Management Information System. These products will facilitate intake including developmental disability determination, service eligibility and priority, crisis intervention and placement, service plan development, health and clinical care coordination and will effectively respond to CMS concerns about many aspects of Waiver implementation. These products will be developed in a computer-based environment so that reliable reports are readily available and quality assurance activities at both the client service and program administration level are facilitated.

Finally ADSA has approached this plan with reaching the twin outcomes of cost-sensitive and realistic appraisals of business requirements for product development. ADSA proposes to use internal resources whenever possible.

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# 1 Executive Summary

**PLANNING FOR ASSESSMENTS FOR CLIENTS OF THE DIVISION OF DEVELOPMENTAL DISABILITIES**

## *1.1 Brief Background*

On June 19, 2003, the Joint Legislative Audit and Review Committee (JLARC) issued its "Performance Audit of the Division of Developmental Disabilities, Preliminary Report." This report specified, "caseloads are growing; procedures are poorly defined; and effective automated systems to help case managers manage their caseloads are missing. JLARC found that, because an assessment process is not consistently applied, it is impossible to determine if clients with similar needs are receiving similar services." This report followed similar findings from two other studies. First, the JLARC Report, "DEVELOPMENTAL DISABILITIES DIVISION: Caseload and Staffing Issues, Interim Report 02-3 of May 22, 2002" recommended that "DDD take immediate steps to ensure that only eligible clients are on its caseload…DDD submit a plan to the Legislature to develop and implement practices and controls to ensure it can monitor its caseload….plan for future needs, and properly allocate resources". Second, the department engaged Sterling Associates, LLP to conduct a review of the Division of Developmental Disabilities (DDD). The results of this review, published on May 23, 2002, found that "The determination of eligibility is accomplished without the benefit of specific procedural tools or standardized practices across the state. Interpretation of statutory guidance is needed to make some eligibility decisions. The use of the individualized assessment tool allows for additional variances in the determination of eligibility. Recording information about applicant eligibility also lacks specific direction. Determining eligibility for applicants has not kept up with requests from new applicants and the waiting time for appointments can reach months into the future."

As part of the Performance Audit of June 19, 2003, JLARC made the following recommendations:

> RECOMMENDATION 1—ASSESSMENT PROCESS
>
> DSHS should develop an assessment process for developmentally disabled clients that are consistently applied to all clients, in all parts of Washington State. Clients must be assessed before a determination of service need is made. This process should utilize, to the extent possible, existing computer-based assessment tools either in use or under development in DSHS. A **plan** for implementing this process, that identifies costs and includes an implementation schedule, should be submitted to the Legislature by September 2003.
>
> RECOMMENDATION 2—CASE MANAGEMENT SYSTEM
>
> DSHS should submit to the Legislature a **plan** for implementing a case management system in DDD. The plan must explicitly address the case management functions identified in this report, outlining which functions will be met, how this will be accomplished, at what cost, and a timeline for implementation. Outside technical assistance should be utilized in the development of this plan.

The focus of this plan will be on Recommendation 1, Assessment Process, but there will be some overlap with Recommendation 2 since some of the work that will be done for this plan is part of what is expected for a case management system. Examples of this overlap include the work that will be done for Recommendation 1 around intake, assessment and caseload management.

## *1.2 Overview Of The Assessment Process Plan*

This Assessment Process Plan responds to Recommendation 1 of the JLARC Performance Audit of June 19, 2003, and the findings of the other reviews. This plan describes the schedule and costs of developing the assessments needed for the clients of DDD and parts of a case management system.

Even though there is significant emphasis on developing an automated system for assessments, the effort required to develop the assessment system involves much more than automating existing processes. Therefore, the efforts of developing assessments will also involve **developing or modifying business processes, policy, and WAC**. This plan identifies all the assessments that are required to establish eligibility for various DDD programs and services and how the various assessments would be deployed. Due to the vast portfolio of services needed to address the range of client ages, disabilities and needs, the rates associated with these services, and the significant number of programs that interact with these services, the scope of this endeavor was significant.

This plan contains **schedule and costs** developed from estimates of high-level business requirements. Since the plan was developed from high-level requirements the margin of error will be larger than an analysis based on more detailed requirements. This is particularly true of the later phases of deployment. The deployment strategy, an important parameter of the plan, was significantly influenced by changes in existing WACs as well as other policy considerations.

Prior audits and findings did not generally define specific areas where the business processes needed improvement. The Plan contains not only the cost and schedule information required to implement all automated assessments for DDD, but also contains substantial information regarding the areas of assessment that will be necessary, the programs and services involved, the rates associated with these services, and a high level view of the remediation efforts that will be needed in order to develop an assessment.

## *1.3 Stakeholder Involvement*

Stakeholder involvement is essential, because of the sensitive nature of the issues related to eligibility assessment and screening. A high level of input by stakeholders cultivates a sense of ownership of an issue, contributing to its ultimate success. Stakeholders directly affected by this change in assessment procedure include the clients themselves, parents and families, public schools, as well as advocacy groups and committees throughout the state.

Stakeholder advisory committees will be established at the project's outset. Regular meetings of advisory groups will give input into the development process and assess progress of prototypes throughout the software development life cycle.

## *1.4 Project Management and Staffing*

The development of assessments for DDD will capitalize on the strengths of the new administration. Program policy will be developed by DDD and information technology will be

developed by the Information Technology organization within Management Services Division. This partnership will focus on developing effective assessment processes and systems.

Development of rules and policies will be a significant endeavor. DDD management fully supports the need for significant improvement in

- Clearer policies and
- Consistent statewide implementation of policy

ADSA believes that several additional project staff will be necessary to accomplish these improvements.

ADSA's Information Technology Office will manage the technical development of this project. Business Analysts, Developers, and external Quality Assurance Contractors will be procured to assist in the development. Our internal project management and development team will oversee the development and limit the need to contract for expensive management resources.

## *1.5 Development Summary and Deliverables*

After review of the development and schedule pressures, it was decided that the DDD assessments be developed and deployed in three distinct phases:

**Phase I**

Phase I will include one component:

- An Interim Children's MPC Assessment

The current CARE assessment will be used to assess children for Medicaid Personal Care (MPC) in order to comply with the current WAC for MPC. Since the current CARE assessment has been designed for adults help screens will be added and a manual will be developed to assist case managers to assess children based on age appropriate guidelines. Training will be provided for the affected field staff.

**Phase II**

Phase II will include five components:

- A Children's MPC Assessment with age appropriate values, algorithms and screen adaptations. Development will use Phase I information.
- A Screening/Mini-Assessment Tool
- The Current CARE Assessment along with the Screening/Mini-Assessment to assess DDD clients not receiving services other than MPC.
- A bi-directional Data-Link between CARE and the Common Client Database (CCDB)
- Expanded CARE intake module to include DD determination

At the conclusion of Phase II, more than half of the current DD caseload will receive an appropriate assessment. Expanded CARE intake functions will document DD determination. The Screening/Mini-Assessment will identify clients who are not eligible for current DD services and programs will place then on a prioritized waiting list or mark their case as inactive. The Screening/Mini-Assessment will also identify families and children in crisis and allow case

managers to stabilize their lives. These procedures will define caseload and target services to those in greatest need.

**Phase III**

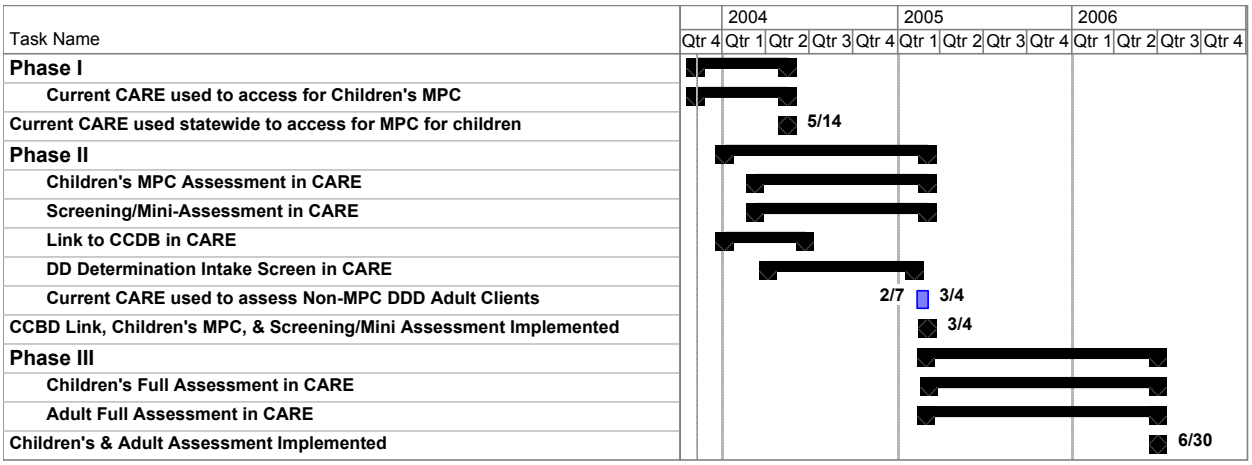
Phase III will include the remaining components:

- The remaining non-MPC program and service assessments for children. This will provide a Complete Comprehensive DDD Children's Assessment.
- The remaining non-MPC program and service assessments for adults. This will provide for a Complete Comprehensive Adult DDD Assessment.

At the conclusion of Phase III all DD assessments for programs and services will be performed through CARE. The variety of paper assessment forms used currently for programs and services will be eliminated.

## *1.6 Overall Project Costs and Timelines*

It is expected that this project will begin in early 2004 and will be fully completed by June of 2006. The overall estimated project costs and timelines are presented in the following table:




**Project Totals for All 3 Phases**

| | |
|---|---|
| Total Internal Staff Costs | $1,516,626.00 |
| Total Project Position Costs | $ 896,505.00 |
| Total External Staff Costs | $2,418,734.00 |
| Total Equipment Costs | $ 210,456.00 |
| **Grand Total** | **$5,042,321.00** |

# 2 Introduction and Background

## *2.1 Description of Need for Assessments*

In addition to Recommendation #1, The JLARC Performance Audit of June 19, 2003 stated

- "JLARC found that, because an assessment process is not consistently applied, it is impossible to determine if clients with similar needs are receiving similar services. Procedures for the use of existing assessment tools are so poorly defined or followed that inconsistency is a predictable outcome."
- "JLARC is also concerned with another aspect of the assessment process. When asked who was assessed, case managers frequently responded that they performed a service assessment on those they knew needed a service. This runs contrary to the basic purpose of an assessment: to determine **if** a service is needed."
- "The impacts of a poor assessment process ripple through the Division. Just as there is no way to determine if clients with similar needs are getting similar services, there is no way to determine if levels of service are too high, too low, or appropriate. Basic budget questions cannot be answered."

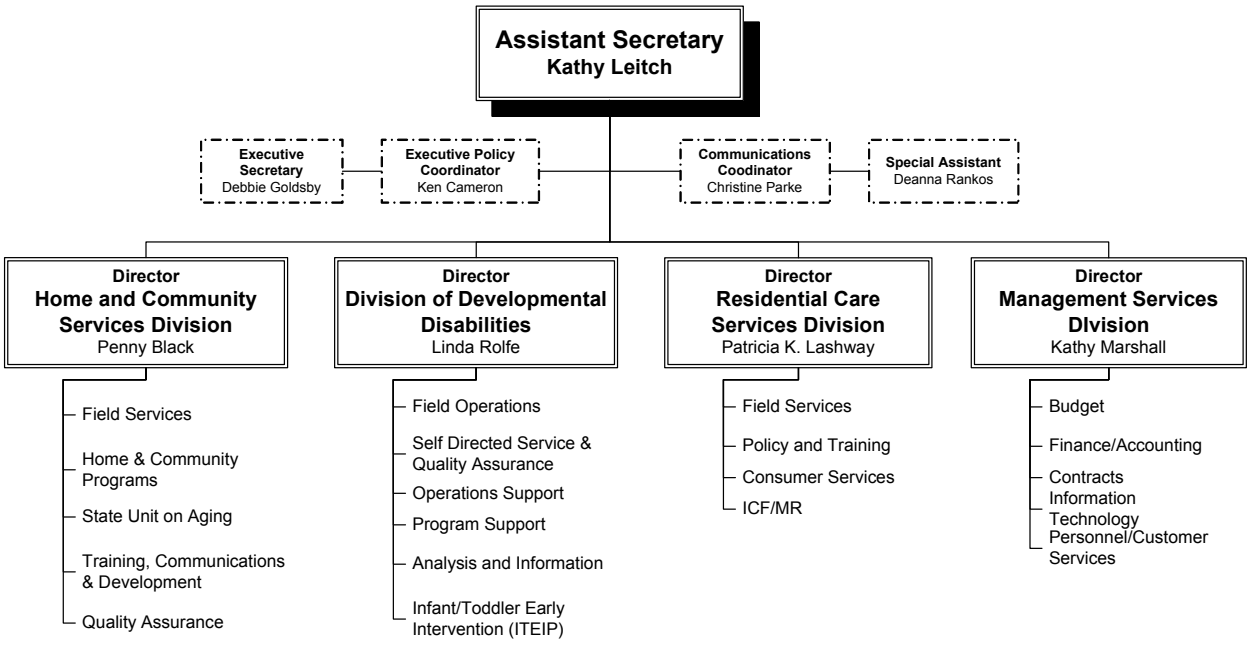
On May 20, 2003 Secretary Braddock had this response to the Preliminary Performance Audit:

> "We concur that a reliable and consistent assessment instrument and process is needed. It must be able to address the needs of people of all ages (birth through death); all living situations (in home and out of home); all needs intensities (mobile to non-mobile, community protection to medically complex). Such an instrument must be electronic in order for the department to ensure that the information is available and useful. DSHS does plan to build on the CARES assessment instrument that is already in production for adults with developmental disabilities who use Medicaid Personal Care. We appreciate the recognition that DSHS will need to report to the legislature the costs and implementation schedule that will be required to implement a valid and reliable complex assessment system."

It is with this background that DDD, along with other divisions of the Aging and Disabilities Services Administration (ADSA) developed a plan.

In order to develop this plan, a team was formed with representatives from three divisions of the newly formed administration, ADSA. The Organizational Chart below lists the divisions that now make up ADSA. The team consisted of personnel from the Division of Developmental Disabilities (program staff), Management Services Division (MSD) (information technology and rates staff), and Home and Community Services (HCS) (program staff and the current executive sponsor of CARE). Therefore this plan is a reflection of the newly formed administration.

### 2.1.1 ADSA Organizational Chart



## *2.2 CARE – Framework for Assessment and Development*

The Aging and Adult Services Administration (AASA) had been using an automated Comprehensive Assessment (CA) since 1995. In 1998, an external consultant reviewed the Washington long-term care system and produced the "Ladd Report". This report notes the following:

> "The present computerized CA does not take full advantage of the power of computerization to integrate eligibility, assessment findings, authorized hours, and the care plan."

The Legislature subsequently supported AASA in taking actions to address this issue. Additionally the Joint Legislative Executive Task Force on Long Term Care also recommended modifications to the assessment process, including:

- Detailed data collection process for complex medical needs, cognitive impairment, and behavioral problems.
- Help tools to ensure consistency of assessments.
- Use of Comprehensive Assessments to be encouraged throughout the long-term care system.

AASA spent three years conducting a time study to collect and analyze data on the time spent by caregivers providing services to different types of clients. This led to a new system of payment level calculation, using payment level algorithms.

In 2001 AASA staff visited the state of Oregon to review the Oregon Access System and found a significant cross match in business requirements. AASA had three primary goals in developing a reliable and appropriate Comprehensive Assessment System. They were:

1. **Budget control**: Critical to ensure that the right eligibility determinations are made for corresponding benefit administration.
2. **Inter-rater reliability**: Standardization and consistency in the case management process to promote accurate assessments and service plans.
3. **Liability management**: Formal system for assessing risk indicators to reduce liability and protect vulnerable adults.

In February of 2002, AASA entered into a contract with Deloitte Consulting to adapt the Oregon Access Case Assessment for the ADSA Comprehensive Assessment system. The new system developed by Deloitte included methods to meet the goals above, and was renamed CARE. In March of 2003, the contract with Deloitte ended, and the newly formed ADSA was left with the responsibility of piloting, implementing, and expanding CARE throughout Washington State.

### 2.2.1 Status of current use of CARE in ADSA

A successful pilot of CARE was completed in June of 2003 in Region III of Washington State. Full implementation and training in the CARE system began in July of this same year, region by region. As of the end of October, CARE has been successfully implemented in Regions II, III, IV and V. The other two regions will implement CARE by February 2004. HCS uses CARE to

assess and authorize all long-term care programs. DDD Field staff use CARE to assess adults who are eligible for the Medicaid Personal Care Program (MPC).

### 2.2.2 Use by Area Agencies on Aging

CARE is being used by Area Agency on Aging staff throughout the state to assess clients for home care funded through Medicaid Personal Care, the COPES Medicaid Waiver, and the Chore program, as well as several other programs.

### 2.2.3 The Expansion of CARE to meet DDD Assessment Needs

The 2003 JLARC performance Audit of DDD recommends:

> DSHS should develop an assessment process for developmentally disabled clients that is consistently applied to all clients, in all parts of Washington State……This process should utilize, to the extent possible, existing computer based assessment tools….

CARE is already used to assess DDD adult clients for the MPC program. CARE has also been evaluated as a successful and well-managed project. The final report on CARE was delivered to the Information Service Board (ISB) in September 2003. ISB Oversight staff recommended that the CARE project no longer be reported to the Board, because it was well managed and is scheduled to complete statewide implementation by February 2004. For reasons of affordability, quality, and efficiency, ADSA intends to expand the CARE assessment tool to meet the needs of all DDD clients.

# 3 Development of Assessments

## *3.1 Overview of Development*

The goal of this plan is to provide an assessment process for clients with developmental disabilities that is applied consistently to all clients in all parts of Washington State. As Secretary Braddock stated in his letter of May 20, 2003, "DSHS does plan to build on the CARE assessment instrument that is already in production for adults with developmental disabilities who use Medicaid Personal CARE."

Many policies will need to be developed and many components will need to be added or modified to the CARE Assessment tool, to make it a comprehensive assessment solution for DDD clients. Sections of the tool will need to be made age appropriate for children. Assessment components will need to be developed to address program eligibility for Community Protection, Employment Day Program, Residential Family Support and other programs. A new Screening/Mini-Assessment will be developed to help manage caseload size.

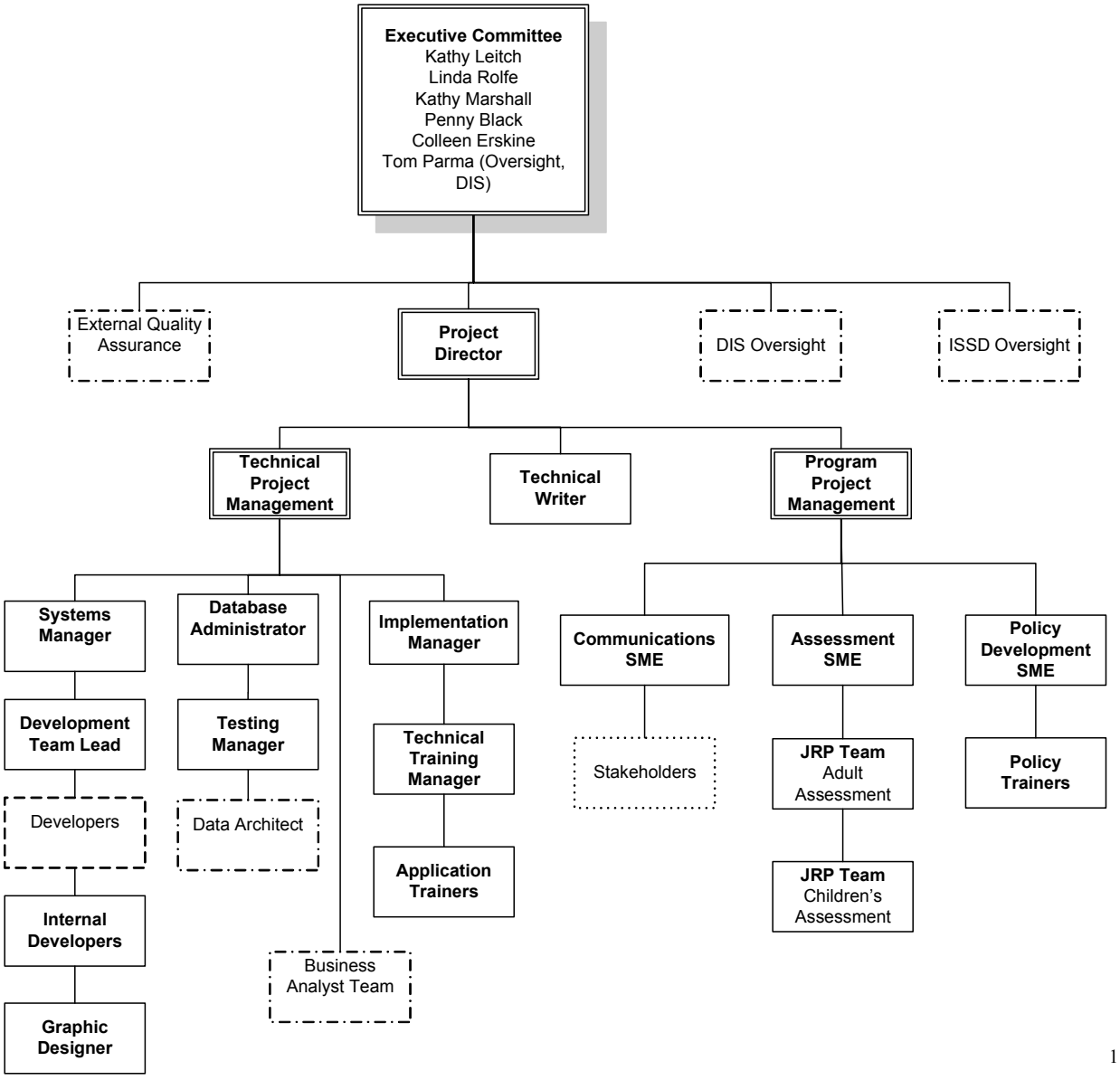
The cost and schedule estimates contained in this report focus on the policy and automation costs of developing the assessment tools. They do not include field implementation costs and training costs.

## *3.2 Project Staffing/Organization*

The development of assessments for DDD will capitalize on the strengths of the new administration. Program policy will be developed by DDD, and information technology will be developed by the Information Technology organization within Management Services Division. This partnership will focus on developing effective assessment processes and systems.

The following organizational chart details the components of the project that will be contracted out, and the internal management of the project.

Because of the complex and varied assessment and program needs of DDD, the amount of work required for this project will be nearly twice the amount of work required for the development of CARE Though this represents a substantial workload, ADSA will be able to contain the costs of this project by using our comprehensive knowledge of the current CARE system and ADSA's established project management capabilities.




[1]

[1] Information System Services Division (ISSD)
Joint Requirements Planning (JRP)
Department of Information Services (DIS)
Subject Matter Expert (SME)

## *3.3 Stakeholder Input*

Changes in the assessment process and introducing a Screening/Mini-Assessment into that process will affect many people very directly. Stakeholder involvement is essential, because of the sensitive nature of the issues related to eligibility assessment and screening. A high level of input by stakeholders cultivates a sense of ownership of an issue, contributing to its ultimate success. In order to get effective input, stakeholders must be fully informed of the reasons for the project and kept informed of its progress. Because of this, a complete communications plan will be developed.

The communication plan goals will include a strategy for the review of proposed rules and policies, internal and external strategic groups to be targeted, communication delivery systems, and partners in the dissemination of information.

Multiple stakeholders will be involved. Internal stakeholders include ADSA management, field, and program staff. In addition, the Children's Administration will be impacted by this change in assessment. Other stakeholders directly affected by this change in assessment procedure include the clients themselves, parents and families, public schools, as well as advocacy groups and committees that include:

- Association of County Human Services
- The Parent to Parent Support Program (PSP)
- Self-Advocate Organizations
- Arc of Washington (The Arc)
- Community Advocacy Coalition (CAC)
- State Advisory Committee (SAC)
- State Interagency Coordinating Council (SICC)
- Washington State Parent Coalitions (PC)
- Community Residential Services Association (CRSA)
- Community Protection Providers Association (CPPA)
- Developmental Disabilities Council (DDC)

External stakeholders who are not directly affected by the proposed change in assessment (such as the average taxpayer not related to a DSHS client) will likely have little interest in the change. Nevertheless, communications will be provided to these stakeholders through at least one press release with these key messages:

- DSHS takes seriously its responsibility to taxpayers to efficiently use tax dollars and to account for the use of those funds.
- The new assessment process will help DSHS ensure that the most vulnerable in our society will receive services appropriately and consistently.

## *3.4 Overview of Policy and Program Development*

Development of rules and policies (called "policy") will be a significant endeavor. DDD management fully supports the need for significant improvement in

- Clearer policies and
- Consistent statewide implementation of policy

ADSA believes that, in order to accomplish the above objectives, DDD will need to have staff on this project in the roles of:

- Project Manager for Programs
- Assessment Subject Matter Expert (SME)
- Policy Development SME
- Communications SME and
- Joint Requirements Planning (JRP) resource for each region

### *Project Manager for Programs*

The role of Project Manager for Programs is needed to manage the policy and program efforts of DDD on the development of assessments. This person would focus on development of assessments only. The person in this role will:

- Develop the scope of assessments and the activities required
- Develop and maintain the schedule of the project's activities
- Ensure that the quality of work achieves the requirements of the division
- Assign resources to the activities
- Have decision making responsibility

This person will work closely with DDD, HCS, and MSD management, and with the application development team, and will coordinate and provide oversight of the activities of the Assessment SME, the Policy Development SME, the JRPs and the Communications SME.

### *Assessment Subject Matter Expert*

The person in this role will establish and ensure linkage between the field staff, the policy development SME and application development. This role includes:

- Ensuring that the knowledge and expertise of field operations is intrinsic to application development and deployment, and coordinated with headquarters
- Development of training materials on policy
- Supporting training of field staff during deployment of new assessment systems, and modifying training as lessons are learned during deployment
- Supporting quality assurance activities associated with development and implementation of assessments.

This role will ensure that field operations are intrinsic to application development and deployment.

***Policy Development Subject Matter Expert***

Currently the program manager, who has the dual role of developing program policies and managing the program, generally does policy development for DDD programs.

The existing organizational structure does not have the capacity to simultaneously develop policy that is well defined and integrated across multiple programs, and manage development of program policy related to assessment and application development.

Policy requirements:

- Policy must be defined in much more detail than is often the case today in order to support application development and achieve department objectives
- Policy must be integrated across DDD and ADSA programs, and interface with Health and Rehabilitation Services Administration (HRSA) (Division of Vocational Rehabilitation and Mental Health Division) and Children's Administration
- Policy must be developed that satisfies division, administration, legislative and department requirements
- Policy development must be timely in order to match application development
- Policy development must be integrated with the assessment development, application development, and communications with stakeholders

The Policy Development SME will work with the existing program managers to define policy, work with the development team to ensure that prioritization and delivery of policy satisfies application development needs, work with communications to ensure that communication is comprehensive and integrated, work with budget on overall budget impacts, work with other divisions of ADSA to ensure that policy as well as rate development is coordinated, and work with management, stakeholders, and program managers on ensuring the reviews achieve the needed results.

***Communications Subject Matter Expert***

Development of this comprehensive assessment application will have profound affect on DDD field operations as well as service delivery to clients. A successful project demands communication of purpose, goals, tasks and activities.

Communication is a program responsibility. The Communications SME will work closely with the Policy Development SME, the Assessment SME, and ADSA communications. The scope of communications will be both internal and external stakeholders.

***Joint Requirements Planning Support***

JRP resources will be field experts for both program and information technology. They will support the definition of business requirements and testing of CARE during system tests. They will gain significant application knowledge during this process to assist with the application training during deployment. The JRPs will then be very knowledgeable and able to provide on-site technical support when they return to their regions. There will be one JRP from each region, responsible for both adult and child assessments.

## *3.5 Overview of Technical Development*

The development of the additional assessments for DDD in CARE will follow a simple but rigorous methodology. The entire CARE application will be broken down into individual units of work that will be monitored – each unit of work will relate to a screen, menu item, or other associated functionality like synchronization. Estimated work hours will be developed for each unit of work based on two dimensions – volume and complexity. For example, a simple free-form data collection screen can include 20 data elements: this will be classified as a high volume but low complexity screen. On the other hand, a list-detail screen, where detail information is associated with each list item, would be classified as a low volume but high complexity screen.

## *3.6 Overall Training/ Implementation Plan*

At this time it is estimated that there will be new components added to CARE for DDD. As each of the new components are deployed to the field training will be required. The type and intensity of the training will depend on the components that are deployed at any given time. The initial CARE training for children's case managers will require more time than later trainings since for this first training case managers will be learning the entire application and accompanying policies. Subsequent trainings will be shorter because the focus will be on specific modifications and updates.

Current estimates of the trainings that will be needed are as follows:

| **Training** | **Audience** | **Approximate Length** |
|---|---|---|
| Full CARE Training (Children's MPC Specific) | Children's Only Case Managers | 4 days |
| Assessing Children's MPC in Current version of CARE | Case Managers with Mixed Caseload of Children and Adults | 1 day |
| Screening | Intake Workers/Adult Case Managers | 1 day |
| CARE modified to include Children's MPC assessment type | Case Managers/Supervisors who handle children's MPC cases | 1 day |
| CARE used to assess adults for other DDD programs beyond MPC | Adult Case Manager | 1 days |
| CARE modified to include Full DDD Adult Assessment | Adult Case Managers | 1-2 days |
| CARE modified to include Full DDD Child's Assessment | Children's Case Managers | 1-2 days |

For each of the trainings outlined, training materials will need to be developed. It will be primarily the responsibility of the DDD program staff to develop these materials since most of the trainings will focus on new policies and procedures rather than dramatic changes to the application operation or format. For application changes, supplemental documents will be produced to be included with the existing CARE application training materials.

## *3.7 Phases of Deployment*

Several strategies were considered to successfully develop and deploy the multiple assessments needed. Since assessments are needed for numerous programs and services, one strategy was to have a significant number of phases of development and deployment for these assessments. Also, there are schedule pressures affecting deployment. For example, one of the programs has WAC that is expiring (Children's MPC), and these schedule pressures also affect deployment. From a development perspective, packaging multiple programs and services into fewer development efforts allows for a more integrated development, allows for program and technical resources to be staffed and managed more efficiently, minimizes rework, and minimizes disruption to the field and training efforts. After review of the development and schedule pressures, it was decided that the DDD assessments be developed and deployed in three distinct phases:

**Phase I**

Phase I will include one component:

- An Interim Children's MPC Assessment

This assessment will use the current Adult CARE MPC assessment for Children's MPC in order to comply with the current WAC for Children's MPC. A manual describing the adjustment of CARE for age appropriateness will be developed, and modified Help screens will be inserted into CARE. Training will be provided for the affected field staff.

A manual intervention process will be put into place if the adult algorithm does not appropriately support children. A study of these clients will be used to adapt the Children's MPC Assessment for age appropriateness in Phase II.

**Phase II**

Phase II will include five components:

- A Children's MPC Assessment with age appropriate values, algorithms and screen adaptations. Development will use Phase I information for development of the algorithm.
- A Screening/Mini-Assessment Tool
- The Current CARE Assessment along with the Screening/Mini-Assessment in order to assess for need for DDD non-MPC Adults.
- A bi-directional Data-Link between CARE and the Common Client Database (CCDB)
- Expanded CARE intake module to include DD determination

**Phase III**

Phase III will include the remaining components:

- The remaining non-MPC program and service assessments for children. This will provide a Complete Comprehensive DDD Children's Assessment.

- The remaining non-MPC program and service assessments for adults. This will provide for a Complete Comprehensive Adult DDD Assessment.

# 4 Phase I – Compliance with MPC WAC (Overview)

Phase I will implement the children's MPC assessment using CARE as soon as possible to meet the current WAC. However, the current CARE tool is constructed as an adult assessment tool, and some portions are not age appropriate for children. The estimated time needed to construct a fully modified CARE assessment for children is at least one year. A preliminary analysis indicated that if the existing CARE assessment tool had modified Help Screens to assist the case manager with an age appropriate assessment, a much faster (though not optimum from a case manager's perspective) implementation is possible. However, it is possible that the algorithm for adults will not produce appropriate hours of service for children. In the event that the scored hours are incorrect, a manual correction process will be applied. The CARE algorithm will not be altered for children during this phase. Testing for Phase I will define the corrections needed.

Therefore Phase I consists of modifying the help screens in CARE and developing a manual intervention process to manage the corrections needed to authorize the appropriate number of hours.

## *4.1 Testing the CARE algorithm and rate setting for children*

Since it is projected that the current CARE algorithm may not always produce appropriate hours of service for children, testing will include testing the algorithm of CARE, developing the manual intervention process, and developing WAC for Children's MPC. This will need to be done for children who are clients of DDD and of Children's Administration. An overview of this effort will be to test an array of child disabilities and support factors with CARE with modified help screens and capture the results of the scored hours. The test team will then conduct an analysis comparing the hours scored in the test with the appropriate hours. If deviations exist between the scored hours and the appropriate hours, then an analysis of the disability/support factors and the scored hours will be conducted. The analysis will be used to construct the manual intervention process that will apply corrective factors to the scored hours.

To accomplish the requirements for the manual intervention process, preparation for testing will involve developing the Help Screen information to assist in age appropriate interpretation of the existing CARE screens, and developing an series of test cases that represents the array of disabilities and supports (including foster parents – Children's Administration). Of course, the array will need to describe the various disabilities/support factors for the range of ages for children. The existing paper-based Children's MPC assessment contains information that may assist in developing both the Help Screens as well as the range of test conditions. When possible, actual DDD and Children's Administration client cases will be selected that represent the range of disability/support factors needed.

The criteria for a successful outcome from this effort are:

- Consistent scores by multiple case managers for similar cases,
- An appropriate number of scored hours for the client;
- A score that is defensible in fair hearing; and

- A score that aggregated with all other scores is budget neutral.

## *4.2 Affected Entities*

The entities affected by the Interim Children's MPC Assessment are DDD and HCS of ADSA, and the Children's Administration. HCS will be affected since they oversee the MPC program. DDD will be affected because case managers will be using a completely different tool to assess children for MPC. This impact is significant because not only will the assessment be different but also it will be fully automated for the first time. Children's Administration will be affected because they currently have approximately two hundred (200) clients that are MPC eligible and are receiving MPC services. So like DDD, Children's Administration case managers will need to adjust to the use of a new automated assessment. Case managers from both DDD and Children's Administration may struggle to assess children in this interim period since CARE was designed as an adult assessment and will not be modified for children until Phase II.

DDD is coordinating with HCS and Children's Administration regarding the testing of CARE for the Interim Children's MPC. DDD is also working with Children's Administration on establishing and rolling out the necessary infrastructure, as well as training case managers and social workers to perform these assessments. The assessment tool and assessment process for Children's Administration and DDD will be the same.

## *4.3 WAC Development*

WAC development for the Interim Children's MPC Assessment is required in order to consider the age of a potential applicant/recipient child when determining need for assistance. A revision to WAC 388-72A for the CARE Tool is needed in order to allow staff to consider a child's age when determining if the child has needs that extend beyond what the parent would provide with an activity of daily living. The WAC revision will outline CARE assessment criteria for children receiving state plan MPC services.

## *4.4 Help Screens within CARE (Adaptations for Children)*

In Phase I it will be necessary to add new help screens to CARE that are specific to assessing children. In Phase I these help screens would be added directly to the text of the existing CARE help screens. In Phase II CARE is modified to create the children's MPC assessment. The children's help screen text will be placed in the appropriate children's assessment. Until the appropriate children's assessment can be created visual cues will be put into the help screen text so that case managers can distinguish between information on assessing adults and children.

## *4.5 Technical Implementation*

Since the CARE assessment is fully automated and available offline in the field it allows the case manager to use a laptop for the assessment. In this phase additional laptops must be purchased and deployed for the children's case managers and supervisors who do not currently have them. It is expected that after Phase I all case managers and supervisors will have laptops so that the only additional laptops purchased in Phase II and III would be for any additional case manager and supervisor FTEs. At this time it is estimated that approximately 70 more laptops are required.

## *4.6 Training/Deployment for Phase I*

During Phase I ADSA will be deploying the current CARE assessment to the field to be used by case managers who handle Children's MPC cases. Training will focus on Children's MPC assessments.

Children's case managers who have not been trained in CARE will receive training during this phase. Also case managers who have been trained in CARE but have a mixed caseload of adults and children will be trained with a focus on Children's MPC assessments.

The materials used for training in this phase will be based on the results of the initial testing that was conducted by entering children's cases into CARE. In this phase a policy manual will be created that will help case managers assess children in the current, adult version of CARE. The manual will specify how case managers should code certain areas of the assessment based on the age of the child. Child specific examples will be added to the manual in order to provide further guidance.

In addition to the CARE training that staff will receive laptop training. Laptop training will be offered prior to CARE training for staff that are new to using a laptop. This was a useful training that was offered to all staff prior to the initial rollout of Adult CARE. The training allows staff to become comfortable with their laptops before having to learn a new application on it and assess clients while using it.

The training schedule will be approximately as follows:

| **Total Staff to Train** | **Number of Staff Trained Per Week** | **Length of Each Training** | **Estimated Weeks of Training** | **Trainers Needed per Session** |
|---|---|---|---|---|
| 68 Staff w/out CARE Training | 24 staff/ 24 staff per session/ 1 session a week | 4 days | 3 weeks | 4 trainers |
| 62 Staff with CARE training | 48 staff/ 24 staff per session/ 2 sessions a week | 1-2 days | 1 ½ weeks | 2 trainers |

## *4.7 Cost Summary Phase I (Appendix A)*

**Phase I Totals**

| | | |
|---|---|---|
| Total Internal Staff Costs | $ | 144,990.00 |
| Total Project Position Costs | $ | 63,345.00 |
| Total External Staff Costs | $ | - |
| Total Equipment Costs | $ | 199,080.00 |
| **Grand Total** | **$** | **407,415.00** |

### *4.8 Timeline Phase I (Appendix B)*

Timelines for Phase I are shown in the table below. This phase is expected to take approximately 6 months to complete since it involves minimal development and identification of business requirements.

| Task Name | 2004 Qtr 3 | Qtr 4 | Qtr 1 | Qtr 2 | Qtr 3 |
|---|---|---|---|---|---|
| **Phase I** | | | | | |
| **Current CARE used to access for Children's MPC** | | | | | |
| Laptop Purchases | 11/3 | | 12/26 | | |
| Write Policy Manual & Help Screens | | 1/12 | 2/6 | | |
| Test the Rate Algorithm for Children | | 2/9 | 3/5 | | |
| Development Manual Procedures to handle Differences | | 3/8 | 4/2 | | |
| Management Structure Developed | | 3/8 | 4/2 | | |
| Add Help Screens | | | 4/5 | 4/16 | |
| Training for Field Staff | | | 4/19 | 5/14 | |
| **Current CARE used statewide to access for MPC for children** | | | | 5/14 | |

# 5 Phase II

Phase II will allow all DDD applicants for services to receive some assessment before service authorization. This will be a great step forward in addressing consistency and fairness in the assessment process, but it will only be a first step. Assessments that address the specific eligibility algorithms for many DDD specific programs and services will not be built until Phase III. Phase II includes 5 distinct components that are discussed below.

### *5.1 Screening/Mini-Assessment (Overview)*

All DDD clients (developmental disability determination complete) must undergo an assessment for need. The full CARE Assessment requires an average of two and a-half hours to administer. Not all clients will require the full CARE Assessment. In order to determine which clients will require the full Assessment, and to manage the assessment process within the constraints of FTE resources, a screening/mini-assessment will be developed.

This assessment will include approximately 25 questions and take thirty minutes of the clients and assessor's time. The Screening/Mini-Assessment is the minimum level of assessment that can be administered.

Screening/Mini-Assessment has these objectives:

- Identify needs outside of personal care.
- Identify clients with no present needs. These clients may be determined to be "inactive" as a result of the screening/mini-assessment.
- Identify clients whose needs may be met with information and referral alone.
- Determine whether the client is in crisis.
- Identify major domains in which needs may exist.

- Prioritize clients who are eligible for entitlements (MPC, for example) or who have identified needs, into the queue for a detailed assessment.

Since crisis and emergencies appear to dominate a large portion of field staff time, crisis and emergency must be defined from the point of view of the division. Specific criteria will have to be present in order for the case to be determined a crisis or emergency. When an emergency occurs, staff may need to deal with placement or safety issues immediately. When any emergency service is provided prior to assessment, a complete comprehensive assessment will be performed within the week.

Clients who are assessed to have the greatest aggregate need or who have great need in any single domain will be referred for a comprehensive CARE assessment.

Clients who do not present a high level of need may be placed in inactive status. This process will help define the caseload of field staff within a manageable size.

### 5.1.1 WAC Development

The Screening/Mini-Assessment WAC is projected to include the aspects of who to screen, grandfathering, minimum age of the client, dealing with crisis, determination of who will receive a full assessment, determining the rules for prioritization, and determining the categories for prioritization. Significant stakeholder involvement will be included, and policy will be developed or modified as part of this process.

### 5.1.2 Algorithm Development

After a test set of Screening/Mini-Assessment questions has been agreed to by the group responsible for it, the algorithm for Screening/Mini-Assessment will be developed. The set of questions will be grouped by program/domain areas and the answers will be given weighted priorities. Work will then begin to establish individual priority levels for the program/domain areas as well as an overall priority level for the entire Screening/Mini-Assessment. This will be difficult and require rigorous testing with various client scenarios. An algorithm will be developed that consistently identifies people for full assessment based on their overall need as well as the specific needs they have in the various program/domain areas.

### 5.1.3 Rates Development

Rates are not associated with Screening/Mini-Assessment.

### 5.1.4 Technical Development

In Phase II the Screening/Mini-Assessment will be developed. The Screening/Mini-Assessment will use the existing CARE tree structure and will be used only by DDD assessors and its use will be governed by rule. Once clients have been screened the assessor will be able to print out a report that will inform the client or client's family of their status and priority for a full assessment. During the development of the Screening/Mini-Assessment, some new features will be added to the existing Client Management screens in CARE. These new features will allow staff to view the priority list for assessing clients, as well as the list of clients who have been made inactive based on their Screening/Mini-Assessment results.

## *5.2 Current CARE to Assess Non-MPC Adult Clients (Overview)*

DDD is using CARE to access its adult clients for MPC. DDD still uses other processes to determine eligibility for other programs beyond MPC. In this phase the plan is to use the current CARE assessment to assess DDD adult clients who are receiving services other than MPC. The goal is to identify areas within the CARE assessment that will need to be modified or added to in order to develop a complete assessment for DDD clients. This information will then be used to inform decisions in Phase III on modifications, and the creation of rates, algorithms and new screens. The full DDD adult assessment will assess for habilitation needs and services beyond MPC

### 5.2.1 WAC Development

It is currently believed that new WAC will not need to be developed for this phase.

### 5.2.2 Algorithm Development

To develop the eligibility and rates algorithms for Phase III assessments, further data will need to be gathered in this phase. DDD will look for a reasonable method of data collection that will capture the information needed. During Phase I DDD will identify an appropriate method for gathering the data needed in Phase II. At this point options for gathering data range from using a paper questionnaire along with the current CARE assessment, to using text fields within CARE.

To gather data using the current CARE for assessments of DDD adult clients receiving non- MPC services, a statistically valid sample will be used. In order to determine a statistically valid sample a query will be done of current adult clients to determine how many adult clients are receiving services other than MPC. After determining the number of adult clients receiving non-MPC services, DDD will be able to determine a valid sample size.

### 5.2.3 Rates Development

Rates will not be developed for adults in this phase. The information from the adult assessments in this phase will be used to develop rates in Phase III. Information from the assessments will be compared with authorizations, and will be used to develop an appropriate rate structure for the other DDD adult programs and services as necessary. These rates will then be deployed in Phase III.

### 5.2.4 Technical Development

Technical development is not required in order to deploy the current CARE assessment to assess adult clients for programs beyond MPC.

## *5.3 Children's MPC*

During Phase I information will be gathered that will be used to modify the existing CARE assessment to assess children more accurately. In Phase II DDD will use the information gathered in Phase I to develop and build the children specific MPC assessment. This assessment will be expanded in Phase III to create a complete child's assessment that will be used to assess for family support and individual habilitation services that children may need, not just MPC.

### 5.3.1 WAC Development

WAC development for the redesigned Children's MPC assessment is projected to not involve major policy decisions and is therefore considered to not require an intensive effort.

### 5.3.2 Algorithm Development

Algorithms will be developed in this phase that will automatically code parts of the assessment based on the child's age and living situation. For example if the child is under a certain age and living with their parent, certain needs would automatically be considered met. These algorithms will help to ensure consistency and reduce error within the assessment.

Other algorithms will be developed that will provide skip patterns so that it is easy for the assessor to skip questions that are not necessary to answer because the child is too young. This would be the case with the questions around such areas as smoking and depression.

### 5.3.3 Rates Development

Rates development for the children's MPC assessment will occur in this phase based on information that is gathered in Phase I. In Phase I subject matter experts will be analyzing the results of the assessments conducted to improve it for children. Based on the patterns that emerge changes may be made to the current rate algorithms so that they work better for the needs of children, both in home settings and foster care. Until there is more information, it is difficult to anticipate the changes that may be made to the existing rates algorithm.

### 5.3.4 Technical Development

In Phase II, the children's MPC assessment will be developed. The children's MPC assessment is expected to be modeled after the current CARE assessment but will contain more age appropriate dropdown values, questions and potentially more skip patterns. Skip patterns will allow the assessor to bypass screens that contain questions that do not pertain to the child because of age. Along with the changes to the screens it is expected that new algorithms that are age specific will be written and incorporated into the application.

## *5.4 Enhancement to CARE Intake Module for DDD*

The CARE Intake system currently gathers information on client and caregiver demographics, and limited employment and financial information. A new screen will be added to the CARE intake module that will document information that confirms developmental disability determination.

This documentation will verify the individual as a client of the DDD. These individuals will be given a Screening/Mini Assessment to determine need for services and placed in the queue for a comprehensive assessment.

Since this component will simply be adding a screen to the existing CARE intake module that automates the already defined process for DD determination, no new WAC or policy will need to

be developed. Also there will be no rate or algorithm work required in order to add this component.

## *5.5 Common Client Database Link Developed*

CARE currently contains assessment data for DDD MPC adult clients. The assessment data includes some demographic data that also exists in DDD's Common Client Database (CCDB). By the end of Phase III, all DD clients who are receiving paid services will be assessed through a consistent automated comprehensive assessment process based on CARE. In order to avoid redundancy, the possibility of data inconsistency, and added workload for case managers, the two databases need to be connected. Over time portions of the databases may be merged.

During this phase, a link between the two systems will be analyzed, developed, tested and implemented. It is expected that top priority fields can be pulled into CARE from CCDB. This implementation will have a mechanism for importing and updating records. Updates made to CCDB from CARE will be implemented when resources are available. However requirements will be gathered for both systems concurrently. Fields and dropdown values will be added to the current CARE Intake Module to determine developmental disability.

## *5.6 Training/Deployment Phase II*

During Phase II there will be three different modules of training for staff. The type of training that staff receive will depend on their type of caseload. For example, case managers who have both children and adults on their caseload will go through modified children's MPC training as well as training on the Screening/Mini-Assessment. Each of the three trainings in this phase will run no longer than 1 day. It may be possible to have multiple trainings during a week, so Children's MPC training and the Screening trainings could occur in the same week.

The training schedule will be approximately as follows:

| **Total Staff to Train** | **Number of Staff Trained Per Week** | **Length of Each Training** | **Estimated Weeks of Training** | **Trainers Needed per Session** |
|---|---|---|---|---|
| ~130 staff will need training to use the new Children's MPC assessment | 48 staff/ 24 staff per session/ 2 sessions a week | 1 day | 3 weeks | 2 trainers |
| ~ 228 staff will need training to use the Screening/Mini-Assessment on their adult clients | 48 staff/ 24 staff per session/ 2 sessions a week | 1 day | 5 weeks | 2 trainers |
| ~ 50 case managers to be trained on how to use CARE to | 25 staff per session/ 1 session a week | 1 day | 2 weeks | 2 trainers |

| | | | | |
|---|---|---|---|---|
| assess clients receiving services beyond MPC | | | | |

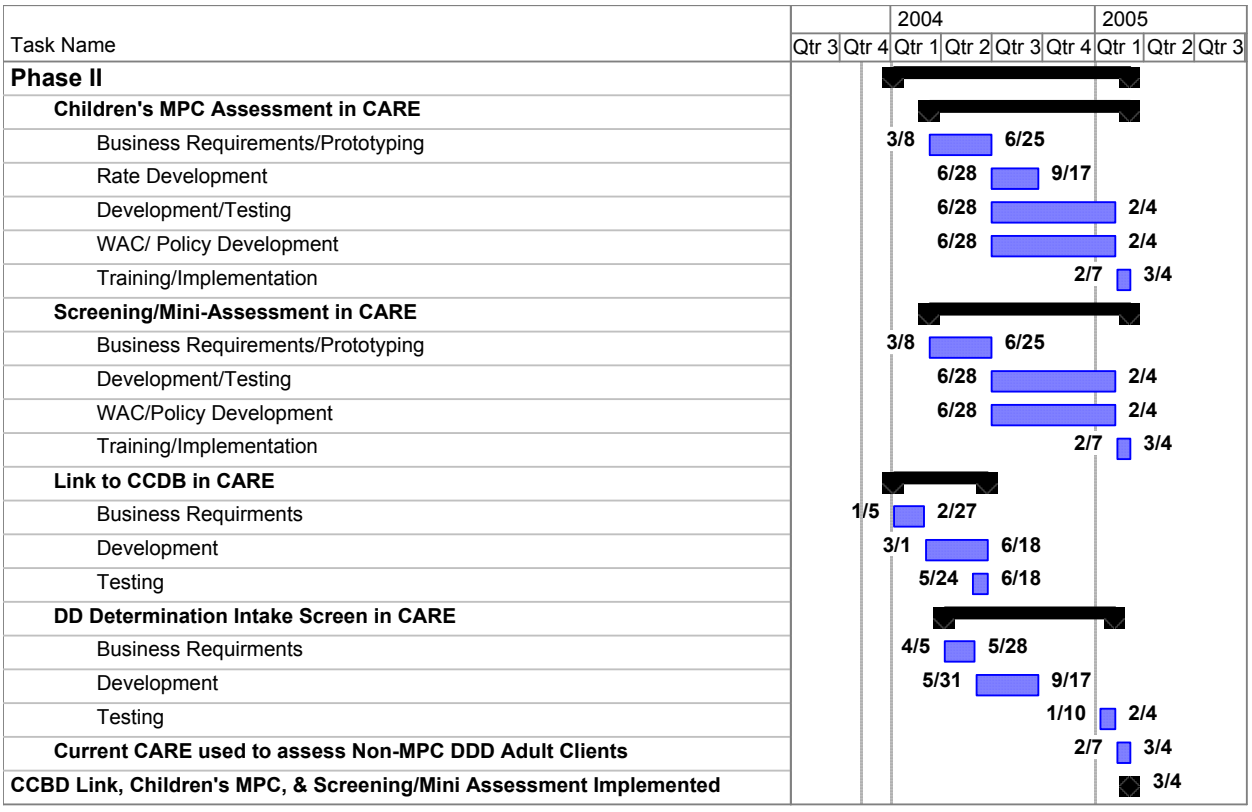
## *5.7 Cost Summary Phase II (Appendix A)*

**Phase II Totals**

| | |
|---|---|
| Total Internal Staff Costs | $ 685,938.00 |
| Total Project Position Costs | $ 416,580.00 |
| Total External Staff Costs | $1,225,975.00 |
| Total Equipment Costs | $ 5,688.00 |
| **Grand Total** | **$2,334,181.00** |

## *5.8 Timelines Phase II (Appendix B)*

The following are some high level timelines for Phase II. It is anticipated that it will take approximately a year to complete the phase from start to finish. This includes business requirements through deployment and training.



# 6 Phase III - Comprehensive Assessment Suite for DDD

By the end of Phase II of this plan, DDD will have implemented the Children and Adult's MPC assessments and a Screening/Mini-Assessment that will indicate major needs that clients may have in a wide variety of life domains. Our goal in the final phase of this project is to develop complete assessments for all DDD services, programs and new waivers. DDD expects to have payment rates that meet DDD standards developed as possible, but some new rates may not yet be developed for the initial deployment of this phase.

To create assessments for all DDD services, the CARE tool must be modified to include areas that are specific to the needs of both adults and children with developmental disabilities, including:

*Habilitation:* DDD provides a comprehensive array of assessment, treatment, training, therapeutic, and medical services. The division provides a full range of habilitative services to help the individual achieve and maintain maximum independent functioning and to develop the skills necessary to live in a community setting. They also provide diagnostic, evaluation, consultation, emergency and respite care services. Services are based on person-centered plans created for each client. Changes to the CARE tool need to be discrete enough to capture those needs in the development of both community services and services provided in residential habilitation centers.

*Decision making:* One of the needs of both children and adults with developmental disabilities is assistance with knowing when to react or act to situations that arise daily. Depending on the type of disability, people may need constant reminders or just occasional help. This need must be recognized in the assessment tool.

*Training:* People with developmental disabilities are continually learning new skills and learning to react to their environment. However, for some there is a much longer learning period needed to do even small tasks. A valid assessment tool needs to be able to measure the need for on-going training.

*Employment:* The CARE tool needs to be adjusted to measure the need for people with developmental disabilities to have ongoing support services and training for jobs in a variety of settings and work sites.

*Child-specific needs* This automated assessment tool will assess the family support, therapy, and residential needs of children with developmental disabilities that will enable children to live with their families and avoid institutional or other out-of-home placements.

These modifications will be incorporated into the Children's CARE assessment and the Adult CARE assessment. When these tasks of Phase III are complete, DDD field workers will have three distinct assessments that will accomplish the goal of assessing every DDD client:

1. DDD Adult Assessment including the current Adult MPC assessment as well as assessment criteria for other DDD waivers, services and programs
2. DDD Children's Assessment including the Children's MPC assessment as well as assessment criteria for other DDD waivers, children's services and programs.

3. Screening/Mini-Assessment, which will be administered to all DDD clients not currently receiving services.

## *6.1 Comprehensive Adult Assessment (Overview)*

Automated adult assessments are needed to determine eligibility for programs and services and to identify habilitation needs for the service plan. In addition to Adult MPC, adult assessments are needed for the programs and services of:

- Waiver – Basic
  - Medicaid Personal Care (already developed, including two components below)
    - Agency Personal Care
    - Individual Provider Care
  - Individual Employment
  - Person-to-Person
  - Specialized Industries
  - Respite Care
  - Transportation
  - Behavior Management
  - Communication
  - Occupational Therapy
  - Physical Therapy
  - Psychological Services
  - Professional Evaluations
- Waiver – Basic +, includes the services of Basic and
  - Adult Family Home
  - Adult Residential Care
  - Nurse Delegation
  - Medical (Nursing)
- Waiver – Core
  - Alternative Living Services
  - Attendant Care
  - Companion Care
  - Adult Group Home
  - Staff Residential
  - State Operated Supported Living (SOLA)
  - Supported Living
- Waiver – Public Safety, this Waiver does not include all the services of Basic, Basic + and Core, it includes the services of
  - Individual Employment

    - Person-to-person
    - Specialized Industries
    - Nurse delegation
    - Medical (Nursing)
    - Psychiatric Services
    - Mental Health (MH) Diversion/Respite/Crisis Beds
    - State Operated Supported Living (SOLA)
    - Supportive Living
    - Transportation
    - Behavior Management
    - Communication
    - Occupational Therapy
    - Physical Therapy
    - Psychological Services
    - Professional Evaluations
    - Group Supported Employment
- Residential Services
- Employment Day Program
- Family Support
- Medical/Dental Services
- Private Duty Nursing (Adult MIHCP)
- The assessment tool may also determine needs that may be satisfied for non-DDD Services such as Social, Recreational, etc.

### 6.1.1 WAC Development

It is expected that the development of WAC will be very extensive for adult programs and services as well as children's programs and services. It will involve significant effort and time due to the number of programs and services involved. WACs will not need to be simply adjusted for automation but will, in some cases, address need for new policy. Also, there are a large number of stakeholders involved; work with stakeholders alone is considered to be significant and will require substantial time and effort.

Development of WAC will involve:

- Division Level policies to be defined
- WAC for individual programs or services to be developed

The Division Level WAC will need to address policies of:

- Disruption of service (grandfathering)
- Cost neutrality
- Providing services where not statutorily required
- Waiver capacity

WAC development for adult programs and services will need to address items such as –

- Are the rules consistent across different funded sources
- Do the rules reflect other state and department rules
- Do the rules define the process for determining level of need

For adult programs and services, it is projected that WAC development will be needed for the programs and services of Residential Services, Employment Day Program, Family Support, and Medical/Dental Services.

WAC development must include:

- More clearly defined eligibility
- Rates
- Define services more clearly, and in some cases, which services are appropriate for which clients
- Define role of county for assessments
- Whether headquarter or regional budgets will be used
- Should program be defined by one or two WACs

### 6.1.2 Algorithm Development

In Phase III several new algorithms will be developed. These algorithms will primarily need to be developed to determine eligibility for each of the new programs that is being added. In addition, algorithms will be needed for the additional rates that will be associated with these new programs. Each new algorithm will require extensive work. The development of the algorithms will be based on policy and business rule requirements, as well as information that has been gathered through the use of CARE to assess adult clients.

### 6.1.3 Rates Development

By Phase III, DDD anticipates having rates established for the adult residential programs that are being added to CARE. The goal will be to have consistent rates associated with the various programs that the client maybe deemed eligible for. These rates will be set, and will most likely follow a structure similar to the rates already in CARE. Ranges for rates will be broken down among larger categories of residential metropolitan, residential non-metropolitan, in-home, etc.

### 6.1.4 Technical Development

The technical development for complete adult assessment will involve creating additional screens, adding dropdown values, programming new algorithms, and modifying existing forms. The extent of the technical development needed will depend on the results of Phase II, and the business requirements that are identified.

## *6.2 Comprehensive Children's Assessment (Overview)*

Automated children's assessments are needed to determine eligibility for programs and services and identify needs for the service plan. In addition to Children's MPC, children's assessment is needed for the programs and services of:

- Waiver – Basic (Children Only), which includes
  - Medicaid Personal Care (already developed, including two components below)
    - Agency Provider
    - Individual Provider
  - Respite Care
  - Transportation
  - Behavior Management
  - Communication
  - Other Counseling
  - Occupational Therapy
  - Physical Therapy
  - Psychological Services
  - Professional Services
  -
- Waiver – Basic +, includes services of Waiver Basic and
  - Nurse Delegation
  - Medical (Nursing)
- Waiver – Core (Children Only), includes the services of Basic and Basic + and
  - Attendant Care
  - Child Foster Care
  - Child Group Care
  - Staffed Residential (child)
- Family Support (state only)
- Child Development Services
- Medically Intensive Program (MIP)
- Voluntary Placement Program (VPP) – (state only)

The assessment tool may also determine needs that may be satisfied by non-DDD Services such as School, Social, Recreational, etc.

### 6.2.1 WAC Development

In addition to the aspects of WAC development for adults (defined earlier), WAC development for children will need to address aspects of age appropriate determination of service levels. This development will often occur concurrently with development of the algorithm of the assessment tool.

For child-targeted programs and services, it is projected that WAC development will be needed for the programs and services of Family Support (state only), Child Development Services, and VPP – (state only).

The WAC development for these programs and services will include:

- Duplication of funding
- Define service requirements for receiving services
- Payment methodology to get from current CARE MPC rate to child foster home rate
- Should program be defined by one or two WACs

Overall, WAC development will require significant effort.

### 6.2.2 Algorithm Development

The algorithm development that is completed for the children's full assessment will probably be smaller in scope than the work that is done for children's MPC in Phase II. The full children's assessment will keep the same algorithms that were created in Phase II and will then add in eligibility algorithms from the full adult assessment where there is overlap of programs for which both adults and children are eligible.

### 6.2.3 Rates Development

A similar process for rate development that is used for adults will be used for children. By this phase DDD will have established necessary guidelines for rates for any child-specific programs that are added to the full assessment for children. If there is overlap between adult and child programs, the rates for these programs will be included in this assessment as well as the adult assessment.

### 6.2.4 Technical Development

The technical development for the comprehensive assessment for children will involve expanding the already established children's MPC assessment that was created in Phase II. This expansion will include adding screens and dropdown values to assess for programs other than MPC. It is expected, because of the additional screens and dropdown values, that modifications will need to be made to the forms in order to incorporate the changes. Again at this point the estimate for technical development is very high level, and development itself will be heavily influences by the information that is gathered in Phases I and II as well as the business requirements.

## *6.3 Phase III Training/Deployment*

Training and deployment will consist of training staff to use the comprehensive DDD Children's and Adult assessments. These trainings will be approximately 1-2 days in length and will cover policy and application updates and modifications. For the most part workers will attend either the Children's or the Adult sessions. The exception to this will be for workers who have a mixed caseload of adults and children.

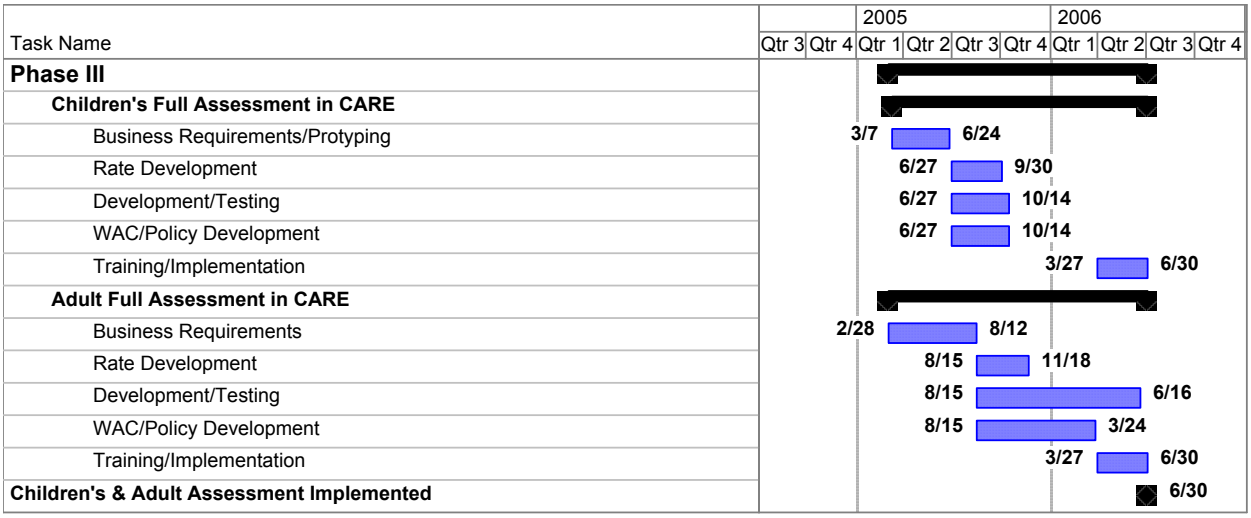
| Total Staff to Train | Number of Staff Trained Per Week | Length of Each Training | Estimated Weeks of Training | Trainers Needed per Session |
|---|---|---|---|---|
| ~130 staff will need the Children's assessment | 48 staff/ 24 staff per session/ 2 sessions a week | 1-2 days | 3 weeks | 2 trainers |
| ~ 228 will need the Adult assessment | 48 staff/ 24 staff per session/ 2 sessions a week | 1-2 days | 5 weeks | 2 trainers |

## *6.4 Cost Summary Phase III (Appendix A)*

**Phase III Totals**

| | |
|---|---|
| Total Internal Staff Costs | $ 685,698.00 |
| Total Project Position Costs | $ 416,580.00 |
| Total External Staff Costs | $1,192,759.00 |
| Total Equipment Costs | $ 5,688.00 |
| **Grand Total** | **$2,300,725.00** |

## *6.5 Timelines Phase III (Appendix B)*



# 7 Conclusion

ADSA believes that our response to JLARC Recommendation #1 will provide an assessment process for DDD that is consistently applied to all clients in all parts of Washington State. By June of 2006 ADSA will have completed the construction of three assessments:

- A Screening/Mini-Assessment will assess all DDD eligible clients for Emergency, Waiver eligibility, and key life domain issues. The Screening/Mini-Assessment will also prioritize DDD eligible clients for full assessments.
- A comprehensive Adult Assessment will assess adult clients for Medicaid Personal Care, DDD Medicaid waivers and non-Medicaid services and programs.
- A comprehensive Children's Assessment will assess children for Medicaid Personal Care, DDD Medicaid waivers and non-Medicaid services and programs.

While assessment is the focus of our plan, assessments exist within the context of an overall case management system. ADSA's CARE system was always designed to be more than assessment software.

JLARC Recommendation #2 stated, "While specific case management tasks may vary from state to state depending on state requirements and the case management model used, there are generally accepted case management tasks. They include:

- Intake and eligibility assessment
- Individual care plan development and monitoring
- Crisis intervention and placement
- Healthcare and clinical care coordination
- Incident reporting and review
- Quality assurance and assessment of providers

Based on this recommendation from JLARC #2, ADSA's believes the response to JLARC #1 also delivers the foundation for a comprehensive Case Management system by addressing more than half of the issues raised above. The completed Adult and Children's assessments in this plan include Individual Service Plan development, and health and clinical care coordination. The new Screening/Mini-Assessment provides mechanisms to define Crisis and Emergency, as well as to define and limit caseloads. The enhancement of the CARE intake module provides a standardized process for Intake and determination of developmental disability.

The work described in this plan will assist DDD and ADSA to more accurately report current caseloads and client needs, and estimate caseload growth. All of this will enable ADSA to provide the Legislature with information that will be useful in determining appropriate budgets for DDD.

ADSA has taken a cost-sensitive approach to the development of these complex business and software products. Project management, development management, and business requirements development are all directed through internal resources. External contract assistance is proposed to amplify programming and business requirement resources, while expensive contractor overhead is eliminated. ADSA's extensive experience with client assessment and its successful development of the CARE tool support this approach.

ADSA thanks JLARC for the opportunity to address Recommendation #1 outlined in the Performance Audit of the Division of Developmental Disabilities of June 19, 2003. We look forward to presenting our plan for Recommendation #2 in a report to be delivered to you by the end of this year.

# 8 Appendix A – Project Cost Sheets

**Phase I**

| Internal Staff | Monthly Salaries | Monthly Benefits | % of FTE per month | # of FTEs | # of Mos | Total |
|---|---|---|---|---|---|---|
| Daniel Knutson-Bradac (ADSA) | $ 6,741.00 | $ 1,550.00 | 0.2 | 1 | 6 | $ 9,949.20 |
| Jana Sesonske (ADSA) | $ 5,962.00 | $ 1,371.00 | 0.2 | 1 | 6 | $ 8,799.60 |
| Nicole Williams (ADSA) | $ 4,372.00 | $ 1,006.00 | 0.5 | 1 | 6 | $ 16,134.00 |
| Nancy Slocum (DDD) | $ 4,330.00 | $ 1,456.00 | 0.5 | 1 | 6 | $ 17,358.00 |
| John Gaskell (DDD) | $ 5,000.00 | $ 1,150.00 | 0.5 | 1 | 6 | $ 18,450.00 |
| Gary Shean (ADSA) | $ 4,231.00 | $ 973.00 | 0.2 | 1 | 6 | $ 6,244.80 |
| Sue Poltl (DDD) | $ 5,572.00 | $ 1,282.00 | 0.3 | 1 | 6 | $ 12,337.20 |
| Ron Mayo (DDD) | $ 4,025.00 | $ 926.00 | 0.5 | 1 | 6 | $ 14,853.00 |
| Terry Rupp (ADSA) | $ 4,326.00 | $ 995.00 | 0.2 | 1 | 6 | $ 6,385.20 |
| Chris Shelley (ADSA) | $ 4,115.00 | $ 946.00 | 0.5 | 1 | 6 | $ 15,183.00 |
| Debby Davies (ADSA) | $ 5,229.00 | $ 1,203.00 | 0.5 | 1 | 6 | $ 19,296.00 |
| **Total** | | | | | | **$144,990.00** |

| Project Positions | Monthly Salaries | Monthly Benefits | % of FTE per month | # of FTEs | # of Mos | Total |
|---|---|---|---|---|---|---|
| Technical Writer | $ 3,666.00 | $ 833.00 | 1 | 1 | 3 | $ 13,497.00 |
| Program Project Manager | $ 4,333.00 | $ 975.00 | 1 | 1 | 3 | $ 15,924.00 |
| Policy Development Manager | $ 4,333.00 | $ 975.00 | 1 | 1 | 3 | $ 15,924.00 |
| Programmer | $ 5,000.00 | $ 1,000.00 | 1 | 1 | 3 | $ 18,000.00 |
| | | | | | | **$ 63,345.00** |

| | Cost Per Item | # Needed | Total |
|---|---|---|---|
| **Equipment** | | | |
| Laptop Computers | $ 2,844.00 | 70 | **$199,080.00** |

**Grand Total for Phase I** **$407,415.00**

| Phase II | | | | | | |
|---|---|---|---|---|---|---|
| **Internal Staff** | **Monthly Salaries** | **Monthly Benefits** | **% of FTE per month** | **# of FTEs** | **# of Mos** | **Total** |
| Daniel Knutson-Bradac (ADSA) | $ 6,741.00 | $ 1,550.00 | 0.5 | 1 | 12 | $ 49,746.00 |
| Jana Sesonske (ADSA) | $ 5,962.00 | $ 1,371.00 | 0.75 | 1 | 12 | $ 65,997.00 |
| Nicole Williams (ADSA) | $ 4,372.00 | $ 1,006.00 | 1 | 1 | 12 | $ 64,536.00 |
| Pamela Taggart (ADSA) | $ 6,000.00 | $ 1,380.00 | 0.25 | 1 | 12 | $ 22,140.00 |
| Gary Shean (ADSA) | $ 4,231.00 | $ 973.00 | 1 | 1 | 12 | $ 62,448.00 |
| Mike Benson (ADSA) | $ 5,935.00 | $ 1,365.00 | 1 | 1 | 12 | $ 87,600.00 |
| Kris Moehlenkamp (ADSA) | $ 2,731.00 | $ 628.00 | 0.5 | 1 | 12 | $ 20,154.00 |
| SME - Assessment | $ 4,372.00 | $ 1,006.00 | 1 | 1 | 12 | $ 64,536.00 |
| Communications Manager | $ 5,400.00 | $ 1,006.00 | 1 | 1 | 12 | $ 76,872.00 |
| 6 Adult/6 Children Case Managers from the Regions | $ 5,177.00 | $ 1,190.00 | 0.375 | 6 | 12 | $ 171,909.00 |
| **Total** | | | | | | **$ 685,938.00** |
| | | | | | | |
| **Project Positions** | | | | | | |
| Technical Writer | $ 3,500.00 | $ 833.00 | 1 | 1 | 12 | $ 51,996.00 |
| Program Project Manager | $ 4,333.00 | $ 975.00 | 1 | 1 | 12 | $ 63,696.00 |
| Policy Development Manager | $ 4,333.00 | $ 975.00 | 1 | 1 | 12 | $ 63,696.00 |
| Implementation Manager | $ 5,833.00 | $ 1,050.00 | 1 | 1 | 12 | $ 82,596.00 |
| Testing Manager | $ 5,833.00 | $ 1,050.00 | 1 | 1 | 12 | $ 82,596.00 |
| Programmer | $ 5,000.00 | $ 1,000.00 | 1 | 1 | 12 | $ 72,000.00 |
| **Total** | | | | | | **$ 416,580.00** |

| **External Staff** | **Cost Per Item** | **# Needed** | **# of Months** | **Total** |
|---|---|---|---|---|
| Contracted Developers | $ 23,355.00 | 4 | 8 | $ 747,360.00 |
| Business Analysis and Documentation Team | $ 23,355.00 | 2 | 6 | $ 280,260.00 |
| Data Architect | $ 17,300.00 | 1 | 10 | $ 173,000.00 |
| External QA | $ 25,355.00 | 1 | 1 | $ 25,355.00 |
| **Total** | | | | **$1,225,975.00** |

| | **Cost Per Item** | **# Needed** | **Total** |
|---|---|---|---|
| **Equipment** | | | |
| Laptop Computers | $ 2,844.00 | 2 | **$ 5,688.00** |

**Grand Total for Phase II** **$2,334,181.00**

**Phase III**

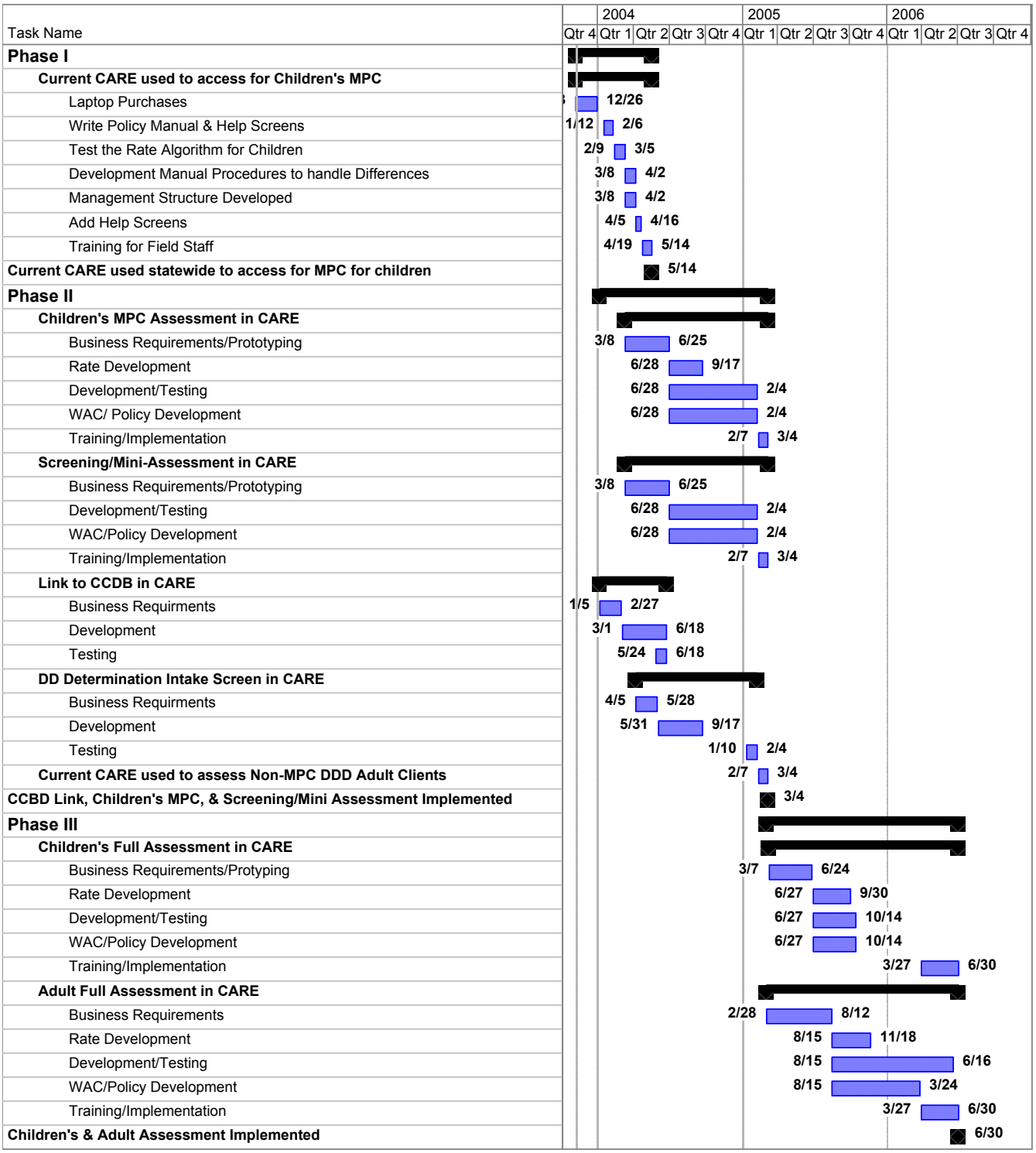
| Internal Staff | Monthly Salaries | Monthly Benefits | % of FTE per month | # of FTEs | # of Mos | Total |
|---|---|---|---|---|---|---|
| Daniel Knutson-Bradac (ADSA) | $ 6,741.00 | $ 1,550.00 | 0.5 | 1 | 12 | $ 49,746.00 |
| Jana Sesonske (ADSA) | $ 5,962.00 | $ 1,371.00 | 0.75 | 1 | 12 | $ 65,997.00 |
| Nicole Williams (ADSA) | $ 4,372.00 | $ 1,006.00 | 1 | 1 | 12 | $ 64,536.00 |
| Pamela Taggart (ADSA) | $ 6,000.00 | $ 1,380.00 | 0.25 | 1 | 12 | $ 22,140.00 |
| Gary Shean (ADSA) | $ 4,231.00 | $ 973.00 | 1 | 1 | 12 | $ 62,448.00 |
| Mike Benson (ADSA) | $ 5,935.00 | $ 1,365.00 | 1 | 1 | 12 | $ 87,600.00 |
| Kris Moehlenkamp (ADSA) | $ 2,731.00 | $ 628.00 | 0.5 | 1 | 12 | $ 20,154.00 |
| SME - Assessment | $ 4,372.00 | $ 1,006.00 | 1 | 1 | 12 | $ 64,536.00 |
| Communications Manager | $ 5,400.00 | $ 986.00 | 1 | 1 | 12 | $ 76,632.00 |
| 6 Adult/6 Children Case Managers from the Regions | $ 5,177.00 | $ 1,190.00 | 0.375 | 6 | 12 | $ 171,909.00 |
| **Total** | | | | | | **$ 685,698.00** |
| | | | | | | |
| **Project Positions** | | | | | | |
| Technical Writer | $ 3,500.00 | $ 833.00 | 1 | 1 | 12 | $ 51,996.00 |
| Program Project Manager | $ 4,333.00 | $ 975.00 | 1 | 1 | 12 | $ 63,696.00 |
| Policy Development Manager | $ 4,333.00 | $ 975.00 | 1 | 1 | 12 | $ 63,696.00 |
| Implementation Manager | $ 5,833.00 | $ 1,050.00 | 1 | 1 | 12 | $ 82,596.00 |
| Testing Manager | $ 5,833.00 | $ 1,050.00 | 1 | 1 | 12 | $ 82,596.00 |
| Programmer | $ 5,000.00 | $ 1,000.00 | 1 | 1 | 12 | $ 72,000.00 |
| **Total** | **$ 28,832.00** | **$ 5,883.00** | | | | **$ 416,580.00** |

| External Staff | Cost Per Item | # Needed | # of Months | | Total |
|---|---|---|---|---|---|
| Contracted Developers | $ 23,355.00 | 4 | 8.2 | | $ 766,044.00 |
| Business Analysis and Documentation Team | $ 23,355.00 | 2 | 6 | | $ 280,260.00 |
| Data Architect | $ 17,300.00 | 1 | 7 | | $ 121,100.00 |
| External QA | $ 25,355.00 | 1 | 1 | | $ 25,355.00 |
| **Total** | | | | | **$1,192,759.00** |

| | Cost Per Item | # Needed | Total |
|---|---|---|---|
| **Equipment** | | | |
| Laptop Computers | $ 2,844.00 | 2 | **$ 5,688.00** |

**Grand Total for Phase III** **$2,300,725.00**

# 9 Appendix B – Project Timelines



# 10 Appendix C – Crosswalk between JLARC Costs and Supplemental Budget

The JLARC Costs are greater than the Supplemental Budget Request because the plan includes already existing staff as well as costs for quality assurance oversight.

Costs in JLARC 1 Plan vs Supplemental Budget Request

| | | | | |
|---|---|---|---|---|
| **Project Staff** | **Supplemental** | **Cost** | **JLARC** | **Cost** |
| | Technical Writer | $ 117,500.00 | Technical Writer | $ 117,489.00 |
| | WMS Band 2 | $ 143,750.00 | Program Project Manager | $ 143,316.00 |
| | WMS Band 2 | $ 143,750.00 | Policy Development Manager | $ 143,316.00 |
| | Information Technology Systems/Applications Specialist | $ 165,000.00 | Testing Manager | $ 165,192.00 |
| | Information Technology Systems/Applications Specialist | $ 165,000.00 | Implementation Manager | $ 165,192.00 |
| | Programmer | $ 162,000.00 | Programmer | $ 162,000.00 |
| **External Staff** | Business Analysis Team | $ 560,000.00 | Business Analysis and Documentatior | $ 560,520.00 |
| | Developers/Programmers | $ 1,518,000.00 | Contracted Developers | $ 1,513,404.00 |
| | Data Architect | $ 294,000.00 | Data Architect | $ 294,100.00 |
| **Equipment** | Laptop Computers for Case Managers | $ 199,000.00 | Laptop Computers | $ 199,080.00 |
| | **Supplemental Only** | | **JLARC Only** | |
| | Goods/Services | $ 40,000.00 | Daniel Knutson-Bradac (ADSA) | $ 109,441.20 |
| | Lease/Energy Costs | $ 33,000.00 | Jana Sesonske (ADSA) | $ 140,793.60 |
| | Equipment | $ 72,000.00 | Nicole Williams (ADSA) | $ 145,206.00 |
| | Travel | $ 27,000.00 | Pamela Taggart (ADSA) | $ 44,280.00 |
| | ISSD | $ 14,000.00 | Gary Shean (ADSA) | $ 131,140.80 |
| | | | Mike Benson (ADSA) | $ 175,200.00 |
| **Supplemental Total** | | **$ 3,654,000.00** | Kris Moehlenkamp (ADSA) | $ 40,308.00 |
| | | | Nancy Slocum | $ 17,358.00 |
| | | | John Gaskell (DDD) | $ 18,450.00 |
| | | | Sue Poltl (DDD) | $ 12,337.20 |
| | | | Ron Mayo (DDD) | $ 14,853.00 |
| | | | Terry Rupp (ADSA) | $ 6,385.20 |
| | | | Chris Shelley (ADSA) | $ 15,183.00 |
| | | | Debby Davies (ADSA) | $ 19,296.00 |
| | | | SME - Assessment | $ 129,072.00 |
| | | | Communications Manager | $ 153,504.00 |
| | | | 6 Adult/6 Children Case Managers from the Regions | $ 343,818.00 |
| | | | External QA | $ 50,710.00 |
| | | | Laptop Computers | $ 11,376.00 |
| **JLARC 1 Plan Total** | | | | **$ 5,042,321.00** |

# 11 Appendix D – ISSD Project Risk Assessment

**e-Center**
**Portfolio Management**
PROJECT SUMMARY

| | |
|---|---|
| **Project Title** | CARE Assessment Additions |
| **Owner** | Aging and Disability Services Administration, |
| **Project Manager/Contact** | Daniel Knutson-Bradac, Chief, Office of Technology |
| **Executive Sponsor** | Linda Rolfe, Division Director, Developmental Disabilities |
| **Description/Purpose** | This project will involve adding developmental disabilities assessments for both children and adults to the existing Comprehensive Assessment Reporting and Evaluation (CARE) system. |
| **Business Driver/Strategy Supported** | Legislative mandate. Recommendation 1 of JLARC's Performance Audit of Developmental Disabilities Division states, "DSHS should develop an assessment process for developmentally disabled clients that is consistently applied to all clients, in all parts of Washington State." ADSA has determined the best and most efficient means of accomplishing this is to add the assessment process to the CARE system. |

| | |
|---|---|
| **Scope** | Functionally, the addition of the developmental disability assessments involves back-end code additions and/or changes and the modification and/or addition of some screens to the CARE system. However, these additions and changes do not represent a major modification to the CARE system. The project will be completed in three phases:<br><br>- Phase 1 involves business process modifications to use Adult CARE Medicaid Personal Care (MPC) assessment for Children's MPC. The only technology work in this phase is to add some help screens to CARE.<br><br>- Phase 2 involves five components: 1. Development of a Children's MPC utilizing information from Phase 1. 2. Development of a Mini/Assessment Screening Tool. 3. Utilize Adult MPC along with Mini/Assessment for DDD non MPC Adults to assess for need. 4. Development of a Bi-directional Data-Link between CARE and Common Client Database (CCDB). 5. Expansion of the intake module of the current CARE system to include a screen to capture developmental disability determination.<br><br>- Phase 3 involves two components: 1. Addition of non-MPC program assessments on to the Children's MPC Assessment for a complete comprehensive DDD Children's Assessment. 2. Addition of non-MPC program assessments on to the Adult MPC Assessment for a complete comprehensive DDD Adult Assessment.<br><br>Orgaizationally, development of these changes is limited to ADSA, but use of the enhancements are will be spread across multiple divisions within the administration and include some users from Children's Administration. |
| **Impact on Existing Investments** | Aside from the changes to CARE, these changes do not have an impact on other investments or state infrastructure. |
| **Cost Estimate** | Not yet determined. ADSA received a $608,000 federal grant and has also submitted a $1.6 million supplemental decision package. |
| **FTEs - State staff** | To be determined |
| **FTEs - Contractors** | None. |
| **Schedule** | To be determined |
| **Duration** | Schedule and duration are to be determined. The JLARC recommendations do not specify a date when the developmental disability assessments must be in place. |

| | |
|---|---|
| **Current Status** | ADSA is documenting a plan for implementing the devleopmental disability assessments. The plan will be complete in late October per JLARC requirement. |
| **Severity and Risk Assessment Rating** | High Severity, Medium Risk - Level 2 |
| **Assessment Date** | 10/6/2003 |

This summary updated on 10/22/2003.

PROJECT: , DATE: SEVERITY RATING = HIGH

| | Impact on Clients | Visibility | 11.1.1.1.1.1 Impact on State Operations | Failure or Nil Consequences |
|---|---|---|---|---|
| **High** | ☐ Direct contact with citizens, political subdivisions, and service providers – including benefits payments and transactions. ☐ | ☒ Highly visible to public, trading partners, political subdivisions and Legislature.<br>☐ Likely subject to hearings.<br>☒ System processes sensitive / confidential data (e.g. medical, SSN, credit card #'s). ☒ | ☐ Statewide or multiple agency involvement / impact.<br>☐ Initial mainframe acquisitions or network acquisitions. ☐ | ☒ Inability to meet legislative mandate or DSHS mission.<br>☐ Loss of significant federal funding. ☒ |
| **Medium** | ☒ Indirect impacts on citizens through management systems that support decisions that are viewed as important by the public. ☒<br>☐ Access by citizens for information and research purposes. | ☐ Some visibility to the Legislature, trading partners, or public the system / program supports.<br>☐ May be subject to legislative hearing. ☐ | ☒ Multiple administrations, within DSHS. ☒ | ☐ Potential failure of aging systems. ☐ |
| **Low** | ☐ Impact on DSHS systems that support service delivery. ☐ | ☐ Internal DSHS only.<br>☐ Visible to multiple administrations.<br>☐ Visible to multiple divisions within the same administration. ☐ | ☐ Single administration.<br>☐ Improve or expand existing wide area networks or mainframes with similar technology. ☐ | ☐ Loss of opportunity for improved service delivery efficiency.<br>☐ Failure to resolve customer service complaints or requests. ☐ |

| | | | | |
|---|---|---|---|---|
| **Very Low** | ☐ Impact on systems that are operational or administrative only. ☐ | ☐ Visible to single division only. ☐ | ☐ Single division.<br>☐ Improve or expand existing local area network. ☐ | ☐ Loss of opportunity for improved operational or administrative efficiency. ☐ |

PROJECT: , DATE: RISK RATING = MEDIUM

| | Functional Impact on Business Processes or Rules | Development Effort and Resources | 11.1.1.1.1.2 Technology | Capability and Management |
|---|---|---|---|---|
| **High** | ☐ Significant change to business rules.<br>☐ Replacement of a mission critical system.<br>☐ Multiple organizations involved.<br>☐ Requires extensive and substantial job training for work groups. ☐ | ☐ Over $5 million.<br>☐ Development and implementation exceeds 24 months.*<br>☐ Requires a second decision package.<br><br>* Clock starts after feasibility study or project approval and release of funding. ☐ | ☐ Emerging.<br>☐ Unproven.<br>☐ Two or more of the following are new for agency technology staff or integrator, or are new to the agency architecture:<br>☐ Programming language<br>☐ Operating systems<br>☐ Database products<br>☐ Development tools<br>☐ Data communications technology.<br>☐ Requires PKI certificate.<br>☐ Complex architecture – greater than 2 tier. ☐ | ☐ Minimal executive sponsorship.<br>☐ Organization uses ad-hoc processes.<br>☐ Organization and/or vendor track record suggests inability to mitigate risk on project requiring a given level of development effort. ☐ |
| **Medium** | ☐ Moderate change to business rules.<br>☒ Major enhancement or moderate change of mission critical system.<br>☒ Medium complexity business process(es).<br>☒ Requires moderate job training. ☒ | ☐ Under $5 million but over agency delegated authority.<br>☒ 12 to 24 months for development and implementation. * ☒ | ☐ New in DSHS with 3rd party expertise and knowledge transfer.<br>☐ One of the technologies listed above is new for agency development staff. ☐ | ☐ Executive sponsor knowledgeable but not actively engaged.<br>☐ System integrator under contract with organization technical participation.<br>☐ Organization and/or vendor record indicates good level of success but without the structure for repeatability. ☐ |
| **Low** | ☐ Insignificant change to business rules.<br>☐ Low complexity business process(es).<br>☐ Some job training could be required. ☐ | ☒ Within agency delegated authority ($1.73 million).<br>☐ Under 12 months for development and implementation.* ☐ | ☒ Standard, proven DSHS technology.<br>☐ New in administration or division with 3rd party expertise and knowledge transfer. Third party may include another DSHS administration or division. ☒ | ☒ Strong executive sponsorship.<br>☒ Organization and vendor have strong ability to mitigate risk on a development project. ☒ |

| | | | | |
|---|---|---|---|---|
| **Very Low** | ☐ No training required, but may require brief orientation.<br>☐ No change to business rules or processes. | ☐ Under $50,000 total and no single purchase greater than $10,000.<br>☐ Under three staff-months for development and implementation.* | ☐ Standard, proven administration or division technology.<br>☐ Development staff possesses high degree of expertise in chosen technology. | ☐ Project staff uses documented and repeatable processes for tracking status, problems, and change.<br>☐ Project management practices are appropriate for nature and scope of this effort. |

**11.1.1.2 Project Approval and Oversight Matrix**

| | | | | |
|---|---|---|---|---|
| ***High Severity*** | **Level 1** ☐ | **Level 2** ☐ | **Level 2** ☒ | **Level 3** ☐ |
| ***Medium Severity*** | **Level 1** ☐ | **Level 1** ☐ | **Level 2** ☐ | **Level 2** ☐ |
| ***Low Severity*** | **Level 0** ☐ | **Level 1** ☐ | **Level 1** ☐ | **Level 1** ☐ |
| ***Very Low Severity*** | **Level 0** ☐ | **Level 0** ☐ | **Level 1** ☐ | **Level 1** ☐ |
| | ***Very Low Risk*** | ***Low Risk*** | ***Medium Risk*** | ***High Risk*** |

| | **Oversight Requirements** | | |
|---|---|---|---|
| | **Justification and Approval Decision** | **Feasibility Study and Project Management Approach/Execution** | **Oversight** |
| **Level 0** ☐ | • Administration or division approval with option of e-Center consultation | • Administration- or division-defined methods using industry best practices. | • Administration or division discretion. |
| **Level 1** ☐ | • DSHS Executive* approval with option of DIS consultation.<br><br>*May be administration Assistant Secretary or CIO. | • DSHS-defined methods using industry best practices. | • Internal QA at DSHS determination.<br>• Reported as part of portfolio.<br>• DSHS determines internal oversight required. |
| **Level 2** ☒ | • DSHS CIO approval.<br>• DIS Director review and approval. | • DSHS executive approval.<br>• DIS consultation. | • Internal or external QA at DSHS discretion.<br>• DIS and DSHS determine oversight required.<br>• ISB oversight optional.<br>• Reported as part of portfolio. |

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| **Level 3** ☐ | • DSHS Secretary approval.<br>• DIS executive review and comment.<br>• ISB approval. | • DSHS presents feasibility study to ISB.<br>• Prototype required at discretion of ISB.<br>• Private sector participation encouraged or required. | • ISB oversight required.<br>• External QA required.<br>• ISB audit as necessary.<br>• Other ISB discretionary actions as needed.<br>• Reported as part of portfolio. |